

PTO/SB/17 (07-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	09/976,182
		Filing Date	October 11, 2001
		First Named Inventor	Takasaki SHIMADA et al.
		Examiner Name	Catharine Anderson
		Art Unit	3761
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	121027-077
TOTAL AMOUNT OF PAYMENT (\$)		\$460.00	

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METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 12-2136 Deposit Account Name: Butzel Long

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	\$50.00	\$0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	\$200.00	\$0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

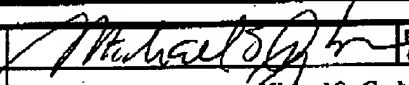
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	0	(round up to a whole number) x \$250.00	\$0.00

4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Two Month Extension of Time

\$460.00

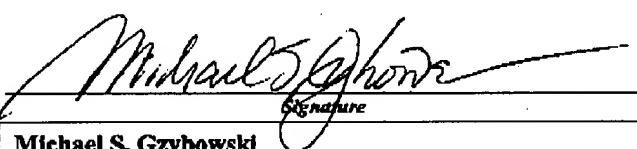
SUBMITTED BY		Registration No.	32,816	Telephone	734-995-3110
Signature		(Attorney/Agent)			
Name (Print/Type)	Michael S. Gzybowald		Date	October 4, 2007	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PAGE 1/15 * RCVD AT 10/4/2007 4:57:24 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/8 * DNIS:2738300 * CSID: * DURATION (mm-ss):04-04

OCT 04 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 121027-077							
Applicant(s): Takaaki SHIMADA et al.												
Application No. 09/976,182	Filing Date October 11, 2001	Examiner Catharine Anderson	Customer No. 35684	Group Art Unit 3761	Confirmation No. 1938							
Invention: DISPOSABLE PULL-ON UNDERGARMENT												
COMMISSIONER FOR PATENTS:												
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.												
CLAIMS AS AMENDED												
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE							
TOTAL CLAIMS	4 -	20 =	0	x \$50.00	\$0.00							
INDEP. CLAIMS	4 -	5 =	0	x \$200.00	\$0.00							
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00							
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 12-2136 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
 Michael S. Gzybowski			Dated: October 4, 2007									
***Filed via Facsimile Transmission			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)	Signature of Person Mailing Correspondence	Typed or Printed Name of Person Mailing Correspondence	
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(Date)	Signature of Person Mailing Correspondence											
Typed or Printed Name of Person Mailing Correspondence												
CC:												

OCT 04 2007

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)					Docket No. 121027-077	
In Re Application Of: Takaaki SHIMADA et al.						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
09/976,182	October 11, 2001	Catharine Anderson	35684	3761	1938	
Invention: DISPOSABLE PULL-ON UNDERGARMENT						
<u>COMMISSIONER FOR PATENTS:</u>						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>May 25, 2007</u> in the above-identified application. <small>Date</small>						
The requested extension is as follows (check time period desired):						
<input type="checkbox"/> One month <input checked="" type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months						
from: <u>August 25, 2007</u> until: <u>October 25, 2007</u> <small>Date</small> <small>Date</small>						
The fee for the extension of time is \$460 and is to be paid as follows:						
<input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 12-2136 <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 12-2136 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Michael S. Gzybowski			Dated: <u>October 4, 2007</u> 11 00000030 122136 09976182 01 FC:1252 460.00 DA			
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